

In this issue

- Dressing in blue to support colorectal cancer awareness
- A look at HHCCI's organizational pillars
- A visit from MSK hematologic specialists



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An incredible new space for care

Anyone who has seen the spacious and welcoming new cancer center opening this month for patients at The Hospital of Central Connecticut knows that you really have to see it to believe it.

The center, formally called the Hartford HealthCare Cancer Institute at The Hospital of Central Connecticut (HOCC), is majestic in its scope and design, yet it also manages to seem warm and inviting. Located on the site of a former quarry on the New Britain-Plainville town line, it makes excellent use of its surroundings with beautiful stone-inlaid walls, staircases and numerous fireplaces — lending a comforting feel to a place where patients may often come in feeling afraid or anxious.

Indeed, the comfort of patients is one of the guiding principles behind the new center. Once they enter the building, patients will be greeted by an impressive lobby highlighted by three stone fireplaces placed within a stairway leading up to the second floor. They also will be greeted by our patient ambassador team, whose job will be to

make sure all patients know exactly where to go to receive the care they need.

Comfort and coordination will go hand-in-hand with the world-class, comprehensive care that the center offers, including a comprehensive breast health center, imaging center, state-of-the-art radiation oncology services, medical oncology and infusion services. That's not to mention a full-service pharmacy, laboratory and research center which will be linked to our Institute's membership in the Memorial Sloan Kettering Cancer Alliance.

We already are seeing how this exciting new facility is taking the delivery of cancer care to a whole new level for the communities that rely on HOCC for care. We view this center as a sign of our commitment to bringing our patients the very best throughout our system.

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Ready for patients at HOCC cancer center

A vision for transformative cancer care in central Connecticut — years in the making — is set to become a reality this month as the newly built Hartford HealthCare Cancer Institute at The Hospital of Central Connecticut (HOCC) opens its doors to patients for the first time.

"We are extremely excited to begin welcoming patients to our new home," said Kristoffer Popovitch, director of

the Central Region for the Hartford HealthCare Cancer Institute, who has been overseeing the project's development. Peter Byeffer, MD, who is medical director of the cancer program at HOCC, said he and his colleagues have spent years preparing for the first patient to walk through the new center's doors.

"It's the culmination of a lot of vision and a lot of hard work," he said. In the weeks leading up to the opening,



the cancer staff at HOCC repeatedly prepped by testing technology systems and conducting drills and mock encounters with patients.

The spacious facility, located on the

See **READY**, page 2

READY from page 1

New Britain-Plainville town line, covers more than 120,000 square feet, features a comprehensive cancer treatment center and an adjoining medical arts center featuring physician offices, a comprehensive breast health center and a cutting-edge imaging center.

The \$40 million facility is opening its doors after two years of construction and numerous years of planning. All outpatient cancer services offered at HOCC — from radiation therapy to medical oncology and infusion services — will be available under one roof, providing a seamless, coordinated experience for patients throughout the region.

Radiation oncology services include state-of-the-art technology such as the Truebeam Linear Accelerator, Novalis radiosurgery and intensity modulated radiation therapy. Infusion services will be offered in a modern suite of private and shared bays where patient comfort will be enhanced with recliners and high-definition televisions.

In the adjoining Medical Arts Center, the Comprehensive Breast Health Center will provide patients with the latest advances and conveniences in care, including several mammography screening rooms. Other offerings include a full-service pharmacy, laboratory services, physical therapy and a research center.



David Donle, a patient ambassador at the new cancer center, greets a hospital volunteer posing as a patient during a mock operational scenario. Donle and the rest of the patient ambassador team will be responsible for ensuring that all visitors are properly directed to the service areas where they need to go to receive care and for addressing any questions they may have.

Access to leading-edge clinical trials and protocols will be available through the Hartford HealthCare Cancer Institute's membership in the Memorial Sloan Kettering Cancer Alliance.

The comfort and convenience of patients will be emphasized with ample parking, valet service and a team of patient ambassadors who will greet patients and make sure they know where to go to receive care. The facility also features a bou-

tique, gift shop and a café. Though the building is vast in scale, it is designed to evoke a relaxed sense of warmth with soft recessed lighting and numerous stone-inlaid fireplaces. The building's centerpiece is a large stone fireplace and winding staircase.

To give the new center time to become fully operational, a grand opening ribbon-cutting ceremony will take place on June 16, with public tours available soon afterward.

On the cover

At the new Hartford HealthCare Cancer Institute at the Hospital of Central Connecticut, patients will find a main lobby that maximizes comfort and state-of-the-art equipment such as the TrueBeam linear accelerator, inset.



A gift from a patient

Cindy Payne, far right, a former breast-cancer patient at the Hartford HealthCare Cancer Institute at Hartford Hospital and the Helen & Harry Gray Cancer Center, poses with nurses Laurie Veale, RN, and Helen Martins, RN, at the Helen & Harry Gray Cancer Center in Avon. Payne, who is now in remission after undergoing months of treatment, wanted to show her appreciation for the care she received by raising money to donate 10 side tables for patients at the Avon center as a way to enhance their comfort. An employee at Touchpoints in Bloomfield, a skilled nursing and rehabilitation center, Payne collaborated with staff and residents to raise \$200 to purchase the tables and donate them to the center in February. One of the tables is shown here.

Pillar structure supports goals of HHCCI

Q. Can you describe your role in helping to create and implement the pillar structure for the Hartford HealthCare Cancer Institute (HHCCI)?

A. As a member and Senior Lean Sensei for the HHCCI Executive Leadership Team, my primary responsibility is to grow our leaders to help them thoroughly understand their work, and live the Lean philosophy of organizational efficiency and productivity and teach it to others. With the support of the leadership team, we redesigned the entire organizational structure for delivering cancer care across the system and developed a model for an integrated service line across HHCCI using what we call pillars, which are made up of the individual core services that we provide to patients. That has allowed us to initiate a charge to pursue a single cancer program across five sites while developing a strategic structure that will support rapid deployment of new standards and strategic initiatives and imbue Lean and scientific PDSA/A3 thinking competencies within the Cancer Institute team.

My ongoing role with the team focuses on:

- Coordinating and providing strategic leadership for strategy deployment and improving the delivery of cancer care across the continuum.
- Coordinating and providing operational leadership for daily management of the Institute.

Q. What is your background in this kind of organizational structuring? How has this worked in other organizations?

A. I was originally hired as director of continuous improvement for Hartford Medical Group in 2006 to support our CEO at that time, Kent Stahl, MD, in his efforts to roll out Lean-based principles to primary care medical staff. Dr. Stahl was a vi-



**Mohamed Saleh,
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sionary and had a strong passion and interest in embarking on the Lean journey as a way to overcome challenges, especially strategies that were taking too long to deploy or variations in deployment from one area to another. This resulted in frustration among managers, best practices not being shared, a lack of transparency and information being lost in dissemination — not to mention employee frustrations and good ideas that struggled to make it to the top.

We needed to innovate a process that would rapidly engage front-line staff with top-level strategies, align best practices and alleviate these types of redundancies and frustrations. I therefore proposed a model to the medical group's leadership that followed the patient's continuum of care and demanded extraordinary leadership commitment both to the model and the Lean journey.

The leadership team assigned an advocate for each activity in the patient's episode of care who would own all the standard work in that office and also ensure there was a specific expert for each activity who could train, communicate and collect ideas around these processes. We took the advocates from each one of the offices who performed similar roles and challenged them to come up with a standard that represented a collective effort to achieve the single best way to achieve these standards.

To do this effectively, we nominated one of the advocates from each

of the 16 offices at that time to act as the process manager or team lead of each particular function, which came to be known as their pillars. This helped them align top-down strategic initiatives to each activity, or pillar, as well as integrate and align new best practices.

These process managers demonstrated exceptional leadership behaviors, lived our values, became experts in their roles and provided consistent discretionary efforts. They also got things done and had a strong passion for Lean and were our main ingredients for a successful model and an enhanced patient experience in the medical group. Their leadership and collaboration with their advocates is what enabled rapid roll-outs of large scale initiatives, such as the Patient Centered Medical Home and Meaningful Use.

Donna Handley, the vice president of operations for HHCCI, was among those who were inspired by this approach to organizational restructuring, and she and I have emulated many of the fundamental components into the structure of HHCCI. Our passion for Lean, combined with an empowered and extraordinary staff, has enabled us to provide our cancer patients with world-class, exceptional cancer care.

Q. What is the pillar structure within HHCCI? How are the pillars delineated and defined?

A. The pillar leads are broken down by role/activity, ranging from radiation oncology (physician, nursing, clerical, therapist, physics, and dosimetry), medical oncology (physician, nursing, education), rehab, registry, palliative care, genetics, navigation, survivorship, psychosocial, nutrition, integrative medicine, outreach, smoking cessation, pharmacy, lab, research and bio

See SALEH, page 6

HOT TOPICS

Survey reveals that cancer patients want

A recent survey conducted by Harvard Medical School suggests that cancer patients prefer to have a greater role in the decision making surrounding their care, as opposed to letting their doctors or providers make most of the decisions for them. The survey suggests that reaching decisions in a shared way with patients is more important to patients than may have been commonly understood.

The survey of more than 5,000 patients with lung or colorectal cancer analyzed the responses from patients in more than 10,000 clinical decisions surrounding their care. Of those, 58 percent reported a higher rate of satisfaction when they felt they had played a shared



Andrew Salner, MD

role in the decision making — with more than 70 percent rating their care “excellent” when they felt they had been part of an informed decision.

“Plus” asked Andrew Salner, MD, medical director of the Hartford HealthCare Cancer Institute at Hartford Hospital, to share his insights on the survey’s findings. Cancer communications has been one focus of Dr. Salner’s research work over the course of his career.

Optimal communications with our patients and their family members is a key component in providing excellent cancer care. It is vital that we provide accurate information to them about their disease, its stage and extent, the potential treatment options and their risks and benefits — and how the team collaboratively decides on the individualized optimal care plan.

We also need to discuss alterna-

tives, which in some cases may include active surveillance instead of primary or adjuvant therapies. For example, patients with “low-risk” prostate cancer may be followed with active surveillance without definitive therapy if we believe the neoplasm is unlikely to grow, metastasize or progress in a clinically meaningful way during the patient’s lifetime. The patient and family become extended members of that care team as they actively participate in those discussions and ultimately become the decision makers in terms of their care.

Patients who are empowered with the knowledge about their disease and its potential therapies may make more informed decisions. The respect that the team shows the patient and family by “sharing” in that decision-making process engages the patient and family, enhances

Hematologic teams from HHCCI and MSK discuss

A team of more than 15 specialists in hematologic oncology from the Memorial Sloan Kettering (MSK) Cancer Center traveled to Hartford Hospital on March 6 to discuss plans to share research and protocols with their counterparts at the Hartford HealthCare Cancer Institute (HHCCI.)

The MSK team members included the chiefs of four sections with the hematologic division, as well as division head Marcel van den Brink. The visit marked another step forward in the ongoing evolution of HHCCI’s membership in the MSK Cancer Alliance, which is intended in part to expand access to MSK’s world-renowned clinical trials and research to patients in community

hospital settings.

The MSK hematologic division currently has hundreds of active clinical trials in progress, and the teams attending the March 6 meeting discussed the feasibility of opening many of these trials to patients within HHCCI over the coming months and years. At the same time, team members from both organizations said MSK can benefit from HHCCI’s research infrastructure as well.

“This really is a two-way street,” said Sergio Giral, MD, chief of the Adult Bone Marrow Transplant Section at MSK. He was one of several MSK section leaders who provided an overview of the research now taking place within their respective sections; the others were Anas Younes,

MD, chief of the Lymphoma Section; Ahmet Dogan, MD, chief of the Pathology Section; Gerald Soff, MD, chief of the Hematology Section; and Virginia Klimek, MD, assistant attending for the Leukemia Section.

Hematologic leaders within HHCCI also provided overviews of research capabilities within their organizations, including Peter Byeff, MD, medical director of the Hartford HealthCare Cancer Institute at The Hospital of Central Connecticut; Dinesh Kapur, MD, medical director of the Hartford HealthCare Cancer Institute at Backus Hospital; Susan Alsamari, MD, hematologist with the Hartford HealthCare Cancer Institute at MidState Medical Center; and Jeff Baker, MD, clinical research lead for